

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number  
10C75920

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 45            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 45 minus 20 = | 25                       |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| 1-27-06   | 45                               | Minus | 45                                 |               |
| Total   | 45                               | Minus | 45                                 |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| SMALL ENTITY TYPE | OR     | OTHER THAN SMALL ENTITY |
|-------------------|--------|-------------------------|
| RATE              | FEES   | RATE                    |
| BASIC FEE         | 385.00 | OR BASIC FEE            |
| XS 9=             |        | 770.00                  |
| XS 18=            |        | 650                     |
| XS 36=            |        | 86                      |
| +145=             |        | +290=                   |
| TOTAL             |        | OR TOTAL 306            |

| SMALL ENTITY     | OR             | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE             | ADDITIONAL FEE | RATE                    |
| XS 9=            |                | XS 18=                  |
| XS 18=           |                | XS 36=                  |
| X43=             |                | +290=                   |
| +145=            |                | TOTAL                   |
| TOTAL ADDIT. FEE |                | OR ADDIT. FEE           |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| 1-16-07   | 45                               | Minus | 45                                 |               |
| Total   | 45                               | Minus | 45                                 |               |
| Independent   | 3                                | Minus | 4                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | RATE          | ADDITIONAL FEE |
|------------------|----------------|---------------|----------------|
| XS 9=            |                | XS 18=        |                |
| XS 18=           |                | XS 36=        |                |
| X43=             |                | +290=         |                |
| +145=            |                | TOTAL         |                |
| TOTAL ADDIT. FEE |                | OR ADDIT. FEE |                |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | 36                               | Minus | 45                                 |               |
| Total   | 36                               | Minus | 45                                 |               |
| Independent   | 14                               | Minus | 14                                 |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | RATE          | ADDITIONAL FEE |
|------------------|----------------|---------------|----------------|
| XS 9=            |                | XS 18=        |                |
| XS 18=           |                | XS 36=        |                |
| X43=             |                | +290=         |                |
| +145=            |                | TOTAL         |                |
| TOTAL ADDIT. FEE |                | OR ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 \* The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.